Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-30-03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes: 63048, 22899, 38230 and 27299.

## II. FINDINGS & RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial	MAR\$ (Maximum	Reference	Rationale
				Code	Allowable		
					Reimbursement)		
1-28-03	63048	\$708.00	\$708.00	G	\$708.00	Surgery GR (I)(E)(2)	EOB indicates that this service was paid.
	22899	\$1400.00	\$700.00	F	DOP	Surgery GR (I)(D)(1)(b)	The requestor noted that 50% reduction was made prior to billing and that additional payment was due. Additional reimbursement of \$700.00 is recommended.
	22899	\$500.00	\$250.00	F	DOP	Surgery GR (I)(D)(1)(b)	The requestor noted that 50% reduction was made prior to billing and that additional payment was due. Additional reimbursement of \$250.00 is recommended.
	27299	\$850.00	\$0.000	G	DOP	Surgery GR (I)(D)(1)(b)	The respondent denied reimbursement stating that, "Reconstruction of pelvic site of bone marrow harvest was denied as included in bone graft." Per '94 GSDOS, preparation and placement of graft is global to 22820. Therefore, no reimbursement is recommended.
	38230	\$379.50	\$0.00	F, G	\$759.00 X 50% = \$379.50	Surgery GR (I)(D)(1)(b)	The respondent denied reimbursement based upon, "Bone marrow harvesting for transplantation was denied as included in bone graft." Per '94 GSDOS, harvesting bone graft is global to 22820. Therefore, no reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$950.00.

## IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code, 22899 in the amount of **\$950.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$950.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28<sup>th</sup> day of December 2004.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division